



**457 Deferred Compensation Plan**  
**Simplified Employee Change Form**  
*For Change in Amount of Deferral Only*

**Employer Plan Number**

3	0	1	5	6	7
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**Employer Name**

Fond du Lac County
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I authorize my employer to defer \$\_\_\_\_\_ from my paycheck per pay period.

Change to be effective: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (choose a pay day)

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**Print Name**

*x*

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**Participant Signature**

**Date**

Please return this completed form directly to Fond du Lac County H.R. Dept.